

# Care Quality Commission

## Inspection Evidence Table

### The Family Practice (1-2569163013)

Inspection date: 3 October 2018

Date of data download: 2 October 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

## Safe

### Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any answers:</p> <p>We saw comprehensive and methodical recruitment processes were undertaken, with an electronic record system used to store relevant information. This system facilitated reminders being sent to practice management staff to alert them to the need to update their records at appropriate intervals, for example with regards to clinician's ongoing professional registration or indemnity insurance cover.</p>	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:</p>	<p>Yes May 2018</p>
<p>There was a record of equipment calibration Date of last calibration:</p>	<p>Yes May 2018</p>
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	<p>Yes</p>
<p>Fire procedure in place</p>	<p>Yes</p>
<p>Fire extinguisher checks</p>	<p>Yes</p>
<p>Fire drills and logs</p>	<p>Yes</p>
<p>Fire alarm checks</p>	<p>Yes</p>
<p>Fire training for staff</p>	<p>Yes</p>
<p>Fire marshals</p>	<p>Yes</p>
<p>Fire risk assessment Date of completion</p>	<p>Yes June 2018</p>
<p>Actions were identified and completed.  The completed fire risk assessment documented the practice was appropriately mitigating fire risks with measures already in place and did not identify any action required. We saw the practice had a system in place to regularly monitor this risk assessment.</p>	
<p><b>Health and safety</b> Premises/security risk assessment?</p>	<p>Yes</p>
<p>Health and safety risk assessment and actions Date of last assessment:</p>	<p>Yes October 2017</p>
<p>Additional comments:  The practice utilised an electronic document management system to store and monitor premises and health and safety risk assessments. This provided an audit trail that actions had been completed appropriately and provided reminders to both management and staff of the need for review and updates as necessary.</p>	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: July 2018</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>The completed audit was comprehensive and documented the practice was adhering to appropriate standards of infection prevention and control. It had not identified any areas requiring action. The practice ensured a system was in place to review the audit in a timely manner.</p>	<p>Yes</p> <p>N/A</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
<p>Explanation of any answers:</p> <p>Although at the time of our inspection non-clinical staff had not completed training on sepsis, we saw they had access to crib sheets detailing red flag symptoms of sepsis and knew the appropriate action to take in order to escalate to ensure patients were prioritised. During the visit we saw the practice was not using a nationally approved scoring tool to support the identification and appropriate management of patients with presumed sepsis. Within two days of the visit the practice provided evidence that this had been addressed, with training delivered to non-clinicians around the signs and symptoms, and to clinicians around a nationally recognised scoring tool, the templates for which were on the electronic patient record system.</p>	

## Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers:</p> <p>We saw during the inspection the practice was up to date with its allocation and management of incoming clinical correspondence and test results. Clinical staff had allocated time on a daily basis to action these.</p>	

## Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.92	1.08	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	3.9%	6.8%	8.7%	Variation (positive)

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes

Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any answers:</p> <p>While nursing staff and the practice's clinical pharmacist had qualified as non-medical prescribers, we saw PGDs were held on site and used for reference purposes, with systems in place to ensure they were updated as necessary.</p>	

## Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	10
Number of events that required action	10

Example(s) of significant events recorded and actions by the practice;

Event	Specific action taken
A patient contracted pertussis. On investigation it was not documented that the mother had been offered vaccination against the illness.	The practice worked closely with the public health and immunisation teams. The practice protocol around vaccinations was reviewed and updated, with lessons learned shared with other practices across Lancashire. The practice implemented monthly searches of the electronic patient record system to identify patients requiring the vaccine to ensure it was offered as necessary. The GP visited the patient to offer an apology and explanation of actions put in place.
A patient was not offered 8 week developmental check appointment.	On identification, the child was followed up and developmental check completed. The practice reviewed its developmental check appointment process and staff were reminded of appropriate procedures for ensuring tasks allocated on the electronic records system were completed fully. The patient record system was interrogated to ensure no other patients had missed appointments; this search confirmed all other patients who required a developmental check had been offered one and had attended.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>Alerts received by the practice were collated and stored using the electronic document management system. Relevant staff were alerted once an alert had been received, and the system recorded an audit trail of who had viewed them. The clinical pharmacist took responsibility for completing any actions such as patient searches and necessary medication reviews, and we saw evidence of these documented. We did however note that some clinicians were not fully aware of the alerts received and associated action taken.</p>	



# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	0.82	1.12	0.83	Comparable with other practices

## People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	73.5%	79.4%	79.5%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.9% (6)	12.6%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	90.7%	79.3%	78.1%	Variation (positive)
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0% (3)	8.7%	9.3%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	80.7%	82.2%	80.1%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.8% (18)	11.0%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	77.7%	79.5%	76.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0% (4)	10.0%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.7%	93.3%	90.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	10.2%	11.4%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	85.3%	85.5%	83.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions) 1.9% (6)	CCG Exception rate 4.1%	England Exception rate 4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)	81.0%	88.3%	88.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions) 12.5% (3)	CCG Exception rate 9.5%	England Exception rate 8.2%	
<b>Any additional evidence or comments</b> We saw the practice had continued its trend of improvement in reducing exception reporting rates for patients with long term conditions since our previous inspection in March 2017, through the implementation of a systematic call and recall system.				

## Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017)(NHS England)	43	50	86.0%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	30	38	78.9%	Below 80% (Significant variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	31	38	81.6%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	31	38	81.6%	Below 90% minimum (variation negative)
<b>Any additional evidence or comments</b>				
<p>The practice was aware of these previously low uptake rates for childhood immunisation and vaccination and it had implemented measures to address them and improve uptake. A member of the administration team supported the practice nurse in implementing call / recall systems, with a quarterly audit search run to identify patients who have not attended for appointments; these patients were then contacted either by telephone or letter to invite them to attend. Practice staff described a highly mobile patient population, with patients frequently moving in and out of the area. A data reconciliation exercise was underway to ensure appropriate medical histories were recorded for patients with respect of their immunisation status.</p>				

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	64.9%	68.9%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	58.9%	60.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	46.4%	50.9%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	90.0%	78.2%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	23.5%	49.1%	51.6%	Comparable with other practices
<p><b>Any additional evidence or comments</b></p> <p>We saw how the practice was proactively working to improve uptake of cervical screening. A member of the administration team took responsibility to run searches and contact patients who were due by telephone to invite them for an appointment. Information leaflets about the procedure were available in different languages spoken by the local population. The practice nurse told us how they offered screening opportunistically when patients attended for other reasons. In addition, the local extended access 'spoke' clinics had recently started offering cervical screening appointments. In March 2018 it had been calculated that the extended access clinics had collectively completed approximately 300 cervical screens across the CCG area.</p>				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	90.5%	92.9%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.5% (2)	18.2%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	86.0%	94.1%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.3% (1)	14.8%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	75.0%	84.4%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1% (1)	6.0%	6.8%	
<b>Any additional evidence or comments</b>				
We noted the 2016/17 QOF results for the practice indicated 42% of patients with depression had been excepted from treatment, higher than the local average of 20% and national average of 23% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate). We discussed this with the provider who told us this figure represented a discrepancy between their understanding of the practice performance, and the final verified figure. Practice staff showed us searches on the electronic patient record system indicating that no patients with depression had been excepted from treatment in the years 2016/17 and 2017/18.				

Monitoring care and treatment

Indicator	Practice	CCG	England
-----------	----------	-----	---------

		<b>average</b>	<b>average</b>
Overall QOF score (out of maximum 559)	547	550	539
Overall QOF exception reporting (all domains)	5.5%	7.1%	5.7%

## Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

## Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.8%	96.4%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.8% (5)	1.3%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Staff we spoke with demonstrated an appropriate understanding of issues around consent and had completed relevant training. They were able to discuss with us how they sought patient consent prior to treatment. The practice had an appropriate consent policy in place available to staff.



# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	45
Number of CQC comments received which were positive about the service	41
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	2

Examples of feedback received:

Source	Feedback
Comments cards	<p>Patient feedback received via the CQC comment cards was mainly positive. Patients described a caring and compassionate service with staff described as respectful and helpful. Patients said staff made them feel at ease. Staff were specifically complimented for their patience in dealing with the public on two of the comment cards.</p> <p>As well as making positive comments about the service, two of the cards also expressed some concerns; one in relation to difficulties with telephone access, the other describing dissatisfaction with the manner of reception staff.</p> <p>Two cards were negative about the service, one expressing frustration that treatment received was not meeting their needs, and the other describing long wait times to access an appointment.</p> <p>Six of the positive cards explicitly praised the practice for the availability of appointments and the ease of access.</p>
Patient interviews	<p>We spoke with three patients during our visit. All three expressed positive views about the practice and described staff as caring and gave examples where they had gone out of their way to accommodate patient needs.</p>

## National GP Survey results

**Note:** The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4355	416	85	20.4%	1.95%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	83.5%	89.6%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	78.4%	88.6%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	95.2%	95.0%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	76.4%	84.1%	83.8%	Comparable with other practices
<b>Any additional evidence or comments</b>				

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

Date of exercise	Summary of results
April 2018	<p>A total of 33 patients completed the practice's survey questionnaire. Feedback was analysed and themes identified, for example some patients felt appointments were not always available. Following the analysis of the results, the practice implemented an action plan to address the patient concerns. We saw that since the survey, the practice had increased clinical capacity by providing an additional three GP sessions each week. The practice nurse and clinical pharmacist had also completed a telephone triage training course and the practice had subsequently introduced telephone triage.</p>

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients told us they felt listened to by clinicians, and that they were given appropriate information and choices about their care and treatment.

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	93.3%	93.4%	93.5%	Comparable with other practices
<b>Any additional evidence or comments</b> The practice's own patient survey indicated 93% of respondents felt listened to by clinical staff in appointments.				

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in easy read format.	Yes
Information about support groups was available on the practice website.	No

Carers	Narrative
Percentage and number of carers identified	The practice had identified 44 patients as having caring responsibilities. This represented approximately 1% of the patient list.
How the practice supports carers	Written information was available to direct carers to the various avenues of support available to them; a section of the patient waiting area was designated for a display of relevant literature for carers. A member of the admin team took responsibility as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. They regularly reviewed the carers list held by the practice to ensure it was up to date and accurate and networked with local carers agencies to ensure carers registered with the practice were receiving appropriate support.
How the practice supports recently bereaved patients	Staff told us that if families had suffered bereavement, the GP sent them a sympathy card. Further advice was also offered as required and families were signposted to relevant support groups.

## Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	The reception desk was positioned away from the waiting area seating. Staff were aware of the availability of a private room where patients could be taken to discuss sensitive issues should they wish.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

Examples of specific feedback received:

Source	Feedback
Patient interviews	Patients told us they felt staff at all levels respected their privacy and dignity and were sensitive to their needs.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00 – 18:30
Tuesday	08:00 – 20:00
Wednesday	08:00 – 18:30
Thursday	08:00 – 18:30
Friday	08:00 – 18:30

Appointments available	
Monday	09:00 – 11:30 and 13:30 – 15:30
Tuesday	09:00 – 11:30 and 13:30 – 15:30
Wednesday	09:00 – 11:30 and 14:30 – 16:30
Thursday	09:30 – 12:30 and 14:30 – 17:00
Friday	08:30 – 11:30 and 15:00 – 17:00
Extended hours opening	
Tuesday evening at the practice	18:30 – 20:00
Weekday evenings and weekends at the extended access 'spoke' clinics provided by the local federation at four sites, one of which was Barbara Castle Way Health Centre	Monday to Friday 17:00 – 21:00 Saturday and Sunday 08:45 – 14:30

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
Staff recorded all requests for patient home visits with as much detail as possible so the GP could assess the level of need before the visit. Staff were aware of patient symptoms that required immediate attention and would interrupt the GP if necessary to pass on information.	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4355	416	85	20.4%	1.95%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	90.8%	94.8%	94.8%	Comparable with other practices

## Timely access to the service

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	69.9%	70.8%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	70.2%	70.8%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	77.8%	68.9%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	72.8%	75.2%	74.4%	Comparable with other practices

#### Any additional evidence or comments

The practice had completed its own patient survey in April 2018 which highlighted some patient concerns around access to the service. As a result the practice had implemented measures to improve this, including increasing clinical capacity, training the nurse and pharmacist in telephone triage and non-clinical staff in care navigation. Also, a telephone queuing system had been installed since our previous visit, and an additional telephone line was in place dedicated to prescription requests, which freed up the main telephone line for those patients wishing to make an appointment.

### Examples of feedback received from patients:

Source	Feedback
--------	----------



Comments Cards	Six of the positive cards we received explicitly praised the practice for the availability of appointments and the ease of access. One card did make reference to frustrations with availability of appointments.
Patient interviews	The patients we spoke with were generally positive about their ability to access the service, describing the appointment system as easy to use. Two of the patients recognised previous difficulties with access, but were aware of the changes the practice had implemented to address this, and felt these changes were having a positive impact. One patient we spoke with expressed some ongoing frustrations around continuity of care.

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	4
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
<p>The practice lead for complaints was the practice manager. We saw examples of complaints made to the practice and looked at two in detail. We saw that complaints were dealt with according to policy and in line with best practice. We saw apologies were offered to patients, along with an explanation of actions the practice planned to take to avoid the issues being repeated. The practice utilised its electronic document management system to maintain a comprehensive audit trail of how complaints had been handled and any actions taken as a result.</p>	

### Example of how quality has improved in response to complaints

We saw an example where a complaint related to appointment access. We saw evidence this was discussed at a practice staff meeting, with appropriate learning points identified. For example, staff were prompted to encourage patients to sign up for online access.

# Well-led

## Leadership capacity and capability

### Examples of how leadership, capacity and capability were demonstrated by the practice

A clear staffing structure was in place. The practice had assigned lead roles to practice individuals in order to champion areas of practice service delivery and provide support to staff.

Staff told us how they networked with others outside the practice. The practice manager had now completed further qualifications in practice management and regularly met with other managers both within the locality and within the CCG.

### Any additional evidence

The practice had reviewed the availability of patient appointments following changes in staffing at the practice and in response to patient feedback and had recruited a clinical pharmacist. Both the clinical pharmacist and practice nurse had qualified as non-medical prescribers and undertaken training in telephone triage. This freed up GP time and helped to improve continuity of care for patients.

## Vision and strategy

### Practice Vision and values

The provider told us the practice prioritised offering the best possible care and treatment to patients and to collaborate effectively with external stakeholders to maximise patient outcomes. Staff we spoke with were aware of this vision and their responsibilities in relation to it.

## Culture

### Examples that demonstrate that the practice has a culture of high-quality sustainable care

We saw practice leaders were extremely receptive to feedback, both from patients and staff as well as from external stakeholders. For example, our discussions with management staff as part of the inspection process resulted in immediate changes being implemented, with measures clearly outlined to the inspection team as to how these changes would be embedded moving forward. The improvements the practice had made at our previous inspection had been maintained.

The practice had a comprehensive meeting structure that allowed for staff to be supported in their roles, to have good communication within the practice and share learning and quality improvement. Staff were encouraged to feed back to leaders and at meetings; all staff were encouraged to contribute to meeting agendas.

## Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff interviews	Staff told us they had excellent relationships with managers. They told us managers were approachable and were always willing to listen. Staff said they were a good team who worked well together.

Meeting minutes	We saw meeting minutes indicated all staff were included in practice learning and development.
-----------------	--

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Implementation of online systems management software.	The practice had purchased a computer software system that allowed for all aspects of service delivery to be managed effectively and in a timely fashion. This system had been populated to allow for staff access to and management of practice policies and procedures, the practice audit programme, staff training and other areas of practice governance. The system produced reminders related to practice monitoring requirements such as renewing staff professional indemnity, reviewing policies and procedures and risk assessments and other areas of practice management. All staff had access to this system which was tailored to their role.
Staff meetings	A meeting structure was in place and embedded which facilitated effective communication of any changes to the practice team.
Staff training	There was good management overview of staff training and development.
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

## Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

## Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Potential risks to patients	Systems to respond to significant incidents and complaints were established, action was taken to improve service delivery where necessary and learning was shared with all staff as well as external stakeholders where necessary.
Staff performance	Performance of all staff was monitored supportively within a culture of learning and development.
Safe working environment	Staff carried out various risk assessment activities associated with the practice premises such as health and safety assessments and infection prevention and control. Mitigating action was taken as necessary to address and identified risks.

## Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes

Any additional evidence
There appeared to be a discrepancy between some published data around practice exception reporting in 2016/17 for depression and cardiovascular disease when compared to the practice's understanding of its performance in these areas. The practice illustrated to the inspection team via searches on the electronic patient record system that no patients had been excepted from these domains.

## Engagement with patients, the public, staff and external partners

### Feedback from Patient Participation Group;

Feedback
A small patient participation group had been established. We spoke to two members of the group who confirmed the practice was attempting to encourage more patients to join to make the group more representative. The group members were positive about the practice and felt it was responsive to patient feedback. They were able to describe the changes the practice had implemented in response to feedback from patients, for example around access to appointments. They were aware the telephone system had been updated and receptionists trained in care navigation. They felt these changes were having a positive impact on access to the service.

Any additional evidence
The practice had shared its incoming correspondence and pathology results handling protocols with the CCG so they could be disseminated to other practices in the area for reflection on their own processes.

## Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Improvement
Pertussis vaccination offered and uptake in pregnant women	The practice identified 81% percent of pregnant women had received the pertussis vaccination. The remaining patients were contacted and invited to the practice to receive the vaccination. The practice implemented an updated vaccination procedure in an effort to maximise uptake. A re-audit confirmed that 100% of pregnant patients had been offered the vaccination and this had been recorded as appropriate, although the uptake rate remained at 81%.
6 - 8 week development check offered and uptake	The practice implemented regular searches to be run as part of an updated call / recall procedure to ensure all eligible patients were offered checks as appropriate. The practice confirmed via a search

on the electronic patient record system that all eligible patients had been offered the checks.

#### Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

#### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ( [See NHS Choices for more details](#)).